fluid, and then that a mixture of salicylic acid and starch (one part to five) be thrown into the vagina. This treatment has been found of great advantage in the Stuttgart Lying-In Hospital.

NITROUS OXIDE AS AN ANÆSTHETIC IN OBSTETRIC PRACTICE.

Dr. Klikowitsch reports[1] the result of a series of experiments of nitrous oxide, used with a view of relieving pain during parturition. He considers it absolutely free from danger to both the mother and child. It has no influence in retarding or hastening the progress of the labor. It acts equally well during either stage of labor, so far as relieving pain is concerned. The patient is not rendered unconscious, and hence is able to use the abdominal muscles to assist in the expulsion of the child. It never produces vomiting, but on the other hand checks it, if it is present. It is not followed by nausea or headache. The anæsthesia may be kept up during the whole course of the labor, as a few whiffs before each uterine pain is sufficient to give relief from the suffering. In his experiments Dr. Klikowitsch used a combination of thirty per cent. nitrous oxide with twenty per cent. of oxygen.

Hospital Practice and Clinical Memoranda.

A CASE OF INTUSSUSCEPTION WITH RECOVERY.[2]

BY S. W. LANGMAID, M. D.

At the last meeting but one of the Section a fatal case of intussusception was reported by Dr. Rotch. The next day, March 10th, I was called to a female child of five months who was the subject of the same accident. The infant had always been well, and had not been particularly constipated.

I saw her on Friday. She had been well until Tuesday night, when she was restless, desiring to nurse often, but rejecting the nipple immediately. The next day she vomited, and cried out at intervals as if from severe pain. At noon she began to have bloody discharges. The pain and bloody discharges continued until I saw her on Friday. She appeared stupid. The pulse was 120. The abdomen was not distended or tender to pressure. The finger, inserted its whole length in the rectum, encountered a tumor with a central indentation, reminding one by its shape of the neck of the uterus.

Dr. Sumner saw her with me two hours later.

A cylindrical tumor existed in the region of the descending colon. The invaginated intestine had come down to the anus, and, holding the child in the inverted position, was seen to be of a chocolate color. The duration of the lesion, forty-eight to sixty hours, and the appearance of the bowel, decided us against any mechanical interference. The condition of the child remained the same, except that the discharges of blood became less frequent and smaller until Sunday night, when the patient became brighter, nursed, and retained the food. On Monday there were two natural dejections, the tumor had disappeared, and the child was well.

[1] Archiv. für Gynäkol., xviii. 1.

[2] Read at the meeting of the Section for Clinical Medicine and Pathology of the Suffolk District Medical Society, May 6, 1882.

I suppose the different result of this case from that reported at the last meeting was due to the situation of the lesion.

Dr. Whitney says that in the palliative treatment of intussusception a spontaneous cure is observed in fifty per cent. of the cases. It seems to me that the prognosis must depend very much upon the situation of the intussusception. If it occurs in the small intestines, and especially if the ileo-cœcal valve is invaginated, the chances of spontaneous cure would be less than when the descending colon is the region involved.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE AND PATHOLOGY.

ALBERT N. BLODGETT, M. D., SECRETARY.

MAY 6, 1882. Meeting called to order at 8.10, DR. G. B. SHATTUCK in the chair.

DR. S. W. LANGMAID presented a paper upon

A CASE OF INTUSSUSCEPTION WITH RECOVERY.

DR. LYMAN asked the location of the tumor, the duration of symptoms, etc., in the case.

DR. LANGMAID replied that the tumor occupied the position of the descending colon, extending from above the crest of the ilium, and presented at the anus. There was moderate tenesmus. Between two visits the tumor entirely disappeared. Reduction of the invagination was at once succeeded by a desire to nurse. The tumor could be encircled by the finger, and with its central indentation was not unlike the neck of the uterus.

DR. A. N. BLODGETT asked the character of the fæcal discharges which followed the reduction of the intussusception.

DR. LANGMAID replied that they were perfectly normal, containing no blood or other unusual admixture. The bowels have since been regular.

DR. F. C. SHATTUCK remarked that in one of the recent English journals a case of invagination is reported which ended fatally in twelve hours. The disease was not suspected during life, but was discovered at the autopsy.

DR. LYMAN asked if there were any antecedent symptoms in this case.

DR. LANGMAID replied that there were none. The parents remembered that the child had appeared somewhat strangely, but it was doubtful if any reliable indications were present by which the disease could have been recognized. The child never went more than one day without a dejection. Its food was partially breast milk and partially artificial food.

F. S. BILLINGS, V. S., stated that invagination often occurs in the domestic animals, who thus afford desirable opportunities for studying the pathology and treatment of this affection. In the lower animals the symptoms are generally those of severe and continuous colic. The seat of intussusception in the horse and cow is generally the ileum, and may be relieved by opening that side of the abdomen and reducing the invagination. In dogs this operation is not accompanied by the same degree of danger as in the human subject, but is almost invariably followed by complete recovery. A case recently occurred which